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Atty. Docket No. MP0298

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

IN RE APPLICATION OF:

Lei WU et al.

: GROUP ART UNIT: 2819

APPLICATION NO: 10/606,907

FILED: JUNE 26, 2003

: EXAMINER: LE, Don P.

FOR: CIRCUITS, ARCHITECTURES,
SYSTEMS AND METHODS FOR
OVERVOLTAGE PROTECTION

I hereby certify that this document is being facsimile transmitted to the USPTO or deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on February 25, 2005.

By:


Jennale HentonAMENDMENT AND REQUEST FOR RECONSIDERATION UNDER 35 U.S.C. 132
AND 37 C.F.R. 1.111Mail Stop AMENDMENT
COMMISSIONER FOR PATENTS
ALEXANDRIA, VA 22313-1450

SIR:

Responsive to the Office Action dated December 13, 2004, Applicant respectfully requests reconsideration of the above-identified application in view of the following amendments and remarks.

03/15/2005 AJOHNS01 00000000 501236 10606907

PAGE 3/25 * RCVD AT 3/1/2005 8:01:40 PM [Eastern Standard Time] * SVR:USPTO-EFAXF-1/0 * DNS:8720306 * CSID:5592990118 * DURATION (mm-ss):00-42

01 FC:1202 1150.00 DA

02 FC:1201 1000.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10606907

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	96	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	96 minus 20 =	* 76
INDEPENDENT CLAIMS	3 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 19	Minus	** 96	= 23
	Independent	* 8	Minus	*** 3	= 5
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	375.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	750.00
X\$18=	1368
X84=	
+280=	
TOTAL	2118

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$18=	1150 ^a
X84=	1000 ^a
+280=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	